24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC	C C00530766	
Check if 24-hour report 48-hour report New report Amends report filed on	n 09 30 2016	
Full Name of Payee Headway Workforce Solutions	Date of Public Distribution/Dissemination	
·	10 31 2016	
Mailing Address 421 Fayetteville St #1020	Amount	
City State Zip Code	15520.20	
	Transaction ID : SE.6476 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26 Category/ Type 001	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office S	Sought: House District:	
CLINTON, HILLARY RODHAM, , ,	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For: Primary X General Other (specify) ▶	
	Date of Public Distribution/Dissemination	
Headway Workforce Solutions	10 31 2016	
Mailing Address 421 Fayetteville St #1020	Amount	
City State Zip Code	15520.20	
	ransaction ID : SE.6478 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26 Category/ Type 001	10	
Name of Federal Candidate Support Office S	Sought: House District:	
STRICKLAND, TED, , ,	President State: OH	
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For: Primary X General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	31040.40	
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	•	
Buchanan, Emily, , , [Electronically Filed] Date 10	28 2016	
Signature		

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F24A Transaction ID:

The committee originally submitted this report with an estimate for the specified dates of 10/1-10/19. With this ammendment the committee is revising that date range to be 10/1-10/26.

Form/Schedule: Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼			
WOMEN SPEAK OUT PAC	C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee Date of	Public Distribution/Dissemination			
1	0 31 2016			
Mailing Address 421 Fayetteville St #1020 Amount				
City State Zip Code	5896.84			
Raleigh NC 27601 Transac	ction ID : SE.6480 Disbursement or Obligation			
Purpose of Expenditure Category/	01			
Name of Federal Candidate Support Office Sought:	House District:			
CLINTON, HILLARY RODHAM, , ,				
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For:			
	Public Distribution/Dissemination			
Headway Workforce Solutions	10 31 2016			
Mailing Address 421 Fayetteville St #1020 Amount	لىننى لنا ك			
City State Zip Code	5896.84			
Raleigh NC 27601 Transac	tion ID : SE.6482 Disbursement or Obligation			
Purpose of Expenditure Category/ Cat	0 / 01 / 2016			
Name of Federal Candidate Support Office Sought:	House District:			
STRICKLAND, TED, , ,	nt Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For: Primary General ner (specify) ■			
<u> </u>				
(a) SUBTOTAL of Itemized Independent Expenditures	11793.68			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 5			
(c) TOTAL Independent Expenditures	4 4			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buchanan, Emily, , , [Electronically Filed] Date 10	28 / 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
WOMEN SPEAK OUT PAC	C C00530766			
	J			
Check if 24-hour report 48-hour report New report Amends report filed	on 09 / 30 / 2016			
Full Name of Payee Hilton Garden Inn	Date of Public Distribution/Dissemination			
	10 31 2016			
Mailing Address 3232 Olentangy Riover Rd	Amount			
City State Zip Code	3750.00			
Columbus OH 43202	Transaction ID : SE.6489 Date of Disbursement or Obligation			
Purpose of Expenditure Travel Expenses Category/ Type 002	10 01 2016			
	e Sought: House District:			
CLINTON, HILLARY RODHAM, , ,	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary x General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Hilton Garden Inn	10 31 2016			
Mailing Address 3232 Olentangy Riover Rd	Amount			
City State Zip Code	3750.00			
Columbus OH 43202	Transaction ID : SE.6491 Date of Disbursement or Obligation			
Purpose of Expenditure Travel Expenses Category/ Type 002	10 01 / 2016			
Name of Federal Candidate Support Office	e Sought: House District:			
STRICKLAND, TED, , ,	President Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought Disbute	ursement For: Primary General Other (specify)			
(a) SUPTOTAL of Itemized Independent Expenditures				
(a) SUBTOTAL of Itemized Independent Expenditures	7500.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buchanan, Emily, , , [Electronically Filed] Date	0 28 2016			
Oignature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI LXI LIVE	TIONES		PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report × 48-hour report	New rep	port X Amends repo	ort filed on 09	
Full Name of Payee Thrifty Car Rental			Date of	Public Distribution/Dissemination
Mailing Address 1534 Sunset Blvd			10	0 31 2016
City Steubenville	State OH	Zip Code 43952		1875.00 tion ID : SE.6485
Purpose of Expenditure Travel Expenses		Category/ Type 002	Date of	
Name of Federal Candidate		Support	Office Sought:	House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose	resident	
Calendar Year-To-Date Per Election for Office Sought		128877.42	Disbursement F 2016 Othe	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Thrifty Car Rental			M 10	
Mailing Address 1534 Sunset Blvd			Amount	
City	State	Zip Code		1875.00
Steubenville	ОН	43952		ion ID : SE.6487 Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:
STRICKLAND, TED, , ,		x Oppose	President	t X Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		79427.87	Disbursement F 2016 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			3750.00
(b) SUBTOTAL of Unitemized Independent Expe	anditures			71171171
(b) SOBTOTAL OF Officeringed independent Expe	iluituies		• -	45 45
(c) TOTAL Independent Expenditures			·	54084.08
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buchanan, Emily, , ,	[Electron	nically Filed] Date	4.6	28 2016